

SPECIAL EVENTS/FUNDRAISERS SUPPLEMENTAL APPLICATION

(Complete separate application for each event)

Applicant Name: _____

1. Name of Event: _____

*Attach copy of brochure/flyer/promotional material, if any.

2. Detailed description of event: _____

3. Location/Event Venue: _____

4. Date(s) the event is held: _____

5. Daily hours of operation: _____

6. Total anticipated revenue: \$ _____

7. Total projected number of attendees: _____

8. Will alcohol be served? Yes No

If Yes, a. Are you furnishing the liquor? Yes No

b. Is a liquor license required for this activity? Yes No

c. What percent of revenues are from liquor sales? _____% Yes No

d. Is a drink maximum imposed on attendees? Yes No

e. Is there a formal control in place to avoid serving to minors? Yes No

If Yes, explain: _____

9. Are Certificates of Insurance obtained from all vendors and do they name you as an additional insured on their liability insurance? Yes No

10. Number of staff present at event: _____ Number of volunteers: _____

11. Describe any security measures: _____

12. Describe how a medical emergency will be handled: _____

13. What is your experience with this type of event? _____

14. Will there be any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Parades sponsored by the Insured | <input type="checkbox"/> Animals (other than household pets) |
| <input type="checkbox"/> Aircraft or air shows | <input type="checkbox"/> Carnivals/Fairs with mechanical rides sponsored by the Insured |
| <input type="checkbox"/> Automobile rallies | <input type="checkbox"/> Rock, Hip-Hop, Rap or music concerts with admissions of over 500 people |
| <input type="checkbox"/> Motorcycle rallies or runs | <input type="checkbox"/> Contact Sports |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Rodeos |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Political Rallies |

15. List any Additional Insureds needed for this event (use Comments section if more space is needed):

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip Code: _____ City/State/Zip Code: _____

Relationship to event: _____ Relationship to event: _____



Comments:

Applicant's Signature: _____

Title: _____ **Date:** _____